

229399

2011-142-T

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 4-25-61

APR 26 2011

427.11

Certificate
has not been
issued

I have the following Certificate:

☒ Class C Taxi # ☐ Class C Charter # ☐ Class C Charter Bus #

☐ Class C Non-Emergency # _____

Order# 201-274

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Angelyn C. Wilson DBA: _____
(Current Name) (Current DBA if applicable)

TO: Angelyn P. Wilson DBA: _____
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

Angelyn P Wilson 2341 Kent Ave
Name & DBA if DBA is applicable (Street and/or Mailing Address)

N Charleston SC 29418 Angelina P Wilson
(City, State, Zip Code) (Signature)

843.609.6701
(Telephone Number)

D. W. Miller
(Title) Owner, President, etc.

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Revised 3-2-10

APR 27 2011

CLERK'S OFFICE